Letters

CMAJ publishes as many letters from our readers as possible. However, since space is limited, choices have to be made, on the basis of content and style. Letters that are clear, concise and convenient to edit (no longer than two double-spaced typescript pages, or 450 words) are more likely to be accepted. Those that are single-spaced, handwritten or longer than 450 words will usually be returned or not published. We reserve the right to edit letters for clarity and to abridge those that are unduly long or repeat points made in other letters, especially in the same issue.

Sexual misconduct

Dr. Morton S. Rapp's article (*Can Med Assoc J* 1987; 137: 193–194) raises important issues, issues that are particularly important to me as a woman, as a patient and as a psychiatrist.

As a woman, I think that any doctor's sexual indiscretions with women patients exploit those women. There may, of course, be equal numbers of women doctors seducing male patients, with the male patients finding the experience fun rather than demeaning and therefore failing to report it. However, in my 27 years of practice I have not heard of men stating, boasting, complaining or rejoicing in such an occurrence. Professional sexual seduction is wrong because it is motivated by the needs of the doctor, even though it may also be gratifying to the patient.

As a patient, it is clear to me how gratifying professional sexual seduction must at first be to the patient. All patient–doctor relations except the most cursory or the most impersonal are imbued with libidinized dependency — "transference", in psychiatric terms. This is hardly news to anyone who has ever depended on, needed or felt at the mercy of a physician. When the doctor is a woman or when the patient is a man this libidinized dependency tends to take on a less erotic, more care-seeking tinge. Here, too, the responsiveness of the magnanimous caregiver may be primarily motivated by the particular needs of the doctor, although it is seen by the world at large as altruistic and worthy and is unlikely to be complained of by the patient (unless it stops).

As a psychiatrist, I know from the personal histories I hear and from the feelings and tensions I observe in myself and in my patients that strong emotions that clamour for expression are more often than not aroused in therapy. The telltale signs may be subtle; thus, Dr. Rapp, being unjustifiably modest about his sex appeal, may have noticed them only twice. Most psychiatrists, women and men, notice them almost ubiquitously, as a result of the constant self-monitoring that renders us so insufferable to our friends.

So what do physicians do to fend off in themselves the felt need to respond to their patients' impulses? My own philosophy (women, it seems, tend to view ethical problems as personal choices rather than as moral obligations) is to adhere strictly to the rule of abstinence — not merely sexual abstinence but a more general abstinence from allowing patients to gratify my needs. I say "No" to sexual advances, to donations for personal research, to gratuities for services rendered (i.e., paying more than others do for the same professional service), to gifts, to stock-market tips, to I-can-get-it-for-you-wholesale benefits, to promises of publicity, to offers of influence and power, to enlivenment with funny stories, and to gratification from compliments and expressions of gratitude.

There are, of course, many ways of saying "No". A boorish, hurtful "No" is far worse than a "Yes" in many instances. One can accept graciously the generous motive and gently redirect the actual gift to a more appropriate recipient. We are there to serve our patients, not for them to serve us.

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[Dr. Rapp replies:]

Dr. Seeman's letter exemplifies the integrated qualities of scientist, practitioner and human being that those of us who know her have come to expect from her. However, her letter goes rather beyond the overt and unsubtle sexual activity that was the topic of my article. The signs of transference (and countertransference) are familiar to me, but my article referred only to the times that they were expressed in totally unambiguous language.

I agree with Seeman that sexual activity between a female physician and a male patient is